

**Statement of Intent to Purchase Military Service Credit in the
US Army Nonappropriated Fund Employee Retirement Plan**

I certify that I have not received military service credit under any other employer's retirement system. I certify this is a truthful statement. I further certify that within 30 days of making any future application for recognition of military service credit under another retirement plan, I will notify the Administrator of the US Army Nonappropriated Fund Employee Retirement Plan (Army NAF Plan) of such application. I understand I may not receive credit for the same military service under more than one retirement system. I understand that if multiple military service credit occurs, I authorize the Administrator of the Army NAF Plan to make appropriate adjustments to my benefit (or to the benefit of my survivor or beneficiary) from the Army NAF Plan to include cancellation of military service credit under the Army NAF Plan. I understand if I intentionally defraud the United States government or one of its instrumentalities, I may be prosecuted to the fullest extent of the law.

I further state that it is my intent to pay the deposit necessary to obtain credit for my military service after 1956 (not to exceed 5 years). I understand that I must pay the entire deposit the Army NAF Plan before separation of active employment and that if I do not complete the deposit at that time, the post 1956 military service will not be used to compute my annuity except that my survivor shall be afforded an opportunity to complete the deposit in a lump sum before payment of his/her entitlement. If my military service credit was incurred prior to 1956, I am not required to make a deposit to the Army NAF Plan.

I understand that this military service credit will not be used to gain entitlement to a benefit from any other retirement plan.

I authorize the Administrator of any retirement system to provide information to the Administrator of the Army NAF Plan regarding crediting of my military service for retirement plan purposes.

TYPED EMPLOYEE'S FULL NAME
#

TYPED EMPLOYEE'S SOCIAL SECURITY

Employee Street Address

Employee Daytime phone number

Employee (City, State, Zip)

Employee Workcenter

Signature of Employee

Date signed

NOTARY PUBLIC SEAL

Return completed and notarized form to: USANAF Employee Benefits Office, P.O. Box 107, Arlington, VA 22210-0107
--

EBB FORM STATEMENT OF INTENT